

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐Check if different
than previously
reported. (ACC)

San Francisco

CA

94109

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00196246

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 8

2 0 0 6

through

1 2

3 1

2 0 0 6

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Benjamin Bank

Signature of Treasurer

Electronically Filed by Benjamin Bank

Date

0 1

2 6

2 0 0 7

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	8	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		535866.50
(b) Cash on Hand at Beginning of Reporting Period	645717.27	
(c) Total Receipts (from Line 19)	59150.49	845604.59
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	704867.76	1381471.09
7. Total Disbursements (from Line 31)	20956.33	697559.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	683911.43	683911.43
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	54833.75	743436.75
(i) Itemized (use Schedule A)		
(ii) Unitemized	4207.50	100945.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	59041.25	844382.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	59041.25	844382.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	109.24	1222.59
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	59150.49	845604.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	59150.49	845604.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3761.33	13604.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3761.33	13604.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	617000.00
24. Independent Expenditure (use Schedule E)	3330.00	65860.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	365.00	1095.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	365.00	1095.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20956.33	697559.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	20956.33	697559.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	59041.25	844382.00
34. Total Contribution Refunds (from Line 28(d))	365.00	1095.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58676.25	843287.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3761.33	13604.66
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3761.33	13604.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Peter Amaral		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 635 Medical Parkway		Transaction ID: DOEVM3439845
City Brenham	State TX	Zip Code 77833-5412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B. Full Name (Last, First, Middle Initial) Steven Andersen		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address Suite B 38707 Stivers Street		Transaction ID: A5YT0W884224
City Fremont	State CA	Zip Code 94536-5337
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Richard Apt		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address Suite 803 2080 Century Park E		Transaction ID: DOEV99688723
City Los Angeles	State CA	Zip Code 90067-2011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 68

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) William Atkins Mailing Address 150 Market Hills Drive City State Zip Code Boone NC 28607-3678 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 615.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6 Transaction ID: 93000-87687319517136 Amount of Each Receipt this Period 91.25 PAC 4th of 4
B. Full Name (Last, First, Middle Initial) David Auerbach Mailing Address Eye Physicians of Central Florida; 225 West State Road 434 Suite 111 City State Zip Code Longwood FL 32750 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 730.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 6 Transaction ID: 30DZ4O501808 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) David Auerbach Mailing Address Eye Physicians of Central Florida; 225 West State Road 434 Suite 111 City State Zip Code Longwood FL 32750 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 730.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 6 Transaction ID: 1PWLQ0472148 Amount of Each Receipt this Period 365.00 Batch Tool - PAC refunded 1.5.07 duplica

SUBTOTAL of Receipts This Page (optional)

821.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Steven Awner Mailing Address 193 Viscount Drive City State Zip Code Williamsville NY 14221-1771 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6 Transaction ID: A5YT0W355377 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) J Bronwyn Bateman Mailing Address Rocky Mountain Lions Eye Inst Campus Box F-731; PO Box 6510 City State Zip Code Aurora CO 80045 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 730.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6 Transaction ID: DOEVKJ707768 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Ivan Baumwell Mailing Address Suite 2020 400 Broad Street City State Zip Code Sewickley PA 15143-1500 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6 Transaction ID: A77G6W620915 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Robert Behar			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 2610 E Allegheny Avenue			Transaction ID: A5YT0W505829	
City State Zip Code Philadelphia PA 19134-5104			Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Ophthalmologist Aggregate Year-to-Date ▼ 456.25		
B. Full Name (Last, First, Middle Initial) Thomas Bennett			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 749 Central Avenue			Transaction ID: A77G6W182056	
City State Zip Code Dover NH 03820-3404			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Peter Berkowitz			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address Aiken Professional Building/Suite 532 South Aiken Avenue			Transaction ID: DQUGMN135755	
City State Zip Code Pittsburgh PA 15232			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			PAC 4th of 4	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Ophthalmologist Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional)

391.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) John Bishop Mailing Address Suite 108 4707 Everhart Road City State Zip Code Corpus Christi TX 78411-2751 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>365.00</div>		Date of Receipt <div>MM / DD / YYYY</div> <div>12 / 08 / 2006</div> Transaction ID: 31KG6H521234 Amount of Each Receipt this Period <div>365.00</div> Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Louis Blumenfeld Mailing Address Suite 111 225 W State Road 434 City State Zip Code Longwood FL 32750-4980 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>730.00</div>		Date of Receipt <div>MM / DD / YYYY</div> <div>12 / 14 / 2006</div> Transaction ID: 30DZ4O845741 Amount of Each Receipt this Period <div>365.00</div> Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Louis Blumenfeld Mailing Address Suite 111 225 W State Road 434 City State Zip Code Longwood FL 32750-4980 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>730.00</div>		Date of Receipt <div>MM / DD / YYYY</div> <div>12 / 19 / 2006</div> Transaction ID: 1PWLQ0563261 Amount of Each Receipt this Period <div>365.00</div> Batch Tool - PAC refunded 1.5.07 duplica

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 68

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) James Bobrow Mailing Address Suite 304 211 N Meramec Avenue City Clayton State MO Zip Code 63105-3745 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 12 / 04 / 2006 Transaction ID: A5YT0W896541 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) William Brawner Mailing Address 610 Brunson Drive City Tupelo State MS Zip Code 38801-4947 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt MM / DD / YYYY 11 / 28 / 2006 Transaction ID: A77G6W372818 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Todd Brockman Mailing Address Suite 403 2000 S Wheeling Avenue City Tulsa State OK Zip Code 74104-5641 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 865.00		Date of Receipt MM / DD / YYYY 12 / 02 / 2006 Transaction ID: 93000-84750002622605 Amount of Each Receipt this Period 250.00 PAC 2nd of 4

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Jill Brody		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address McDonough Eye Assoc 505 E Grant Street		Transaction ID: 1PWLQ0962661
City Macomb	State IL	Zip Code 61455
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) G Edward Bryant		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 303 West Polk Street		Transaction ID: 1PWLQ0292856
City West Memphis	State AR	Zip Code 72301-4262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) John Bullock		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 400 Westhampton Station		Transaction ID: DOEVKJ333344
City Richmond	State VA	Zip Code 23226-3330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Frank Burns Mailing Address 5135 Dixie Highway Suite 15 City State Zip Code Louisville KY 40216-1771 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 1 / 2 0 0 6 Transaction ID: 93000-87681216001511 Amount of Each Receipt this Period 125.00 PAC 3rd of 4
B. Full Name (Last, First, Middle Initial) Charles Campbell Mailing Address Suite 200 5540 Saratoga Boulevard City State Zip Code Corpus Christi TX 78413-2953 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 6 Transaction ID: 30DZ4O320773 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Louis Cantor Mailing Address Department of Ophthalmology 702 Rotary Circle City State Zip Code Indianapolis IN 46202-5175 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6 Transaction ID: DOEVKJ214843 Amount of Each Receipt this Period 365.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1490.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Moiz Carim Mailing Address 2630 Westview Drive City State Zip Code Wyomissing PA 19610-1130 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt MM / DD / YYYY 11 / 29 / 2006 Transaction ID: 14918-63377016782761 Amount of Each Receipt this Period 91.25 PAC 4th of 4
B. Full Name (Last, First, Middle Initial) Roger Carlson Mailing Address Redwood Eye Center 2852 Redwood Parkway City State Zip Code Vallejo CA 94591 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt MM / DD / YYYY 12 / 14 / 2006 Transaction ID: 93000-58109682798386 Amount of Each Receipt this Period 125.00 PAC 2nd of 4
C. Full Name (Last, First, Middle Initial) Ronald Caronia Mailing Address Floor 3 360 Merrick Road City State Zip Code Lynbrook NY 11563-2500 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt MM / DD / YYYY 11 / 28 / 2006 Transaction ID: A77G6W714664 Amount of Each Receipt this Period 365.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

581.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Denise Chamblee

Mailing Address 11800 Rock Landing Drive

City State Zip Code
 Newport News VA 23606-4206

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 4 / 2 0 0 6

Transaction ID: A5YT0W222537

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

B. Kenneth Paul Cheng

Mailing Address 1000 Stonewood Drive Suite 310

City State Zip Code
 Wexford PA 15090-8386

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 2 / 2 0 0 6

Transaction ID: DOEV99604333

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

C. Christopher Coad

Mailing Address Chelsea Eye Assoc Llp 157 West 19th Street

City State Zip Code
 New York NY 10011

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 1Q496A355259

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) John Colombo			Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 22835 Kelly Road			Transaction ID: A77G6W222040	
City State Zip Code Eastpointe MI 48021-2073			Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 730.00	
B. Full Name (Last, First, Middle Initial) Edgar Dapremont			Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address PO Box 6545			Transaction ID: 93000-27888125181198	
City State Zip Code Gulfport MS 39506-6545			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			PAC 3rd of 4	
Name of Employer self Occupation Ophthalmologist				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 1000.00	
C. Full Name (Last, First, Middle Initial) Nazareth Darakjian			Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 2595 E Washington Boulevard Suite			Transaction ID: 1Q496A796848	
City State Zip Code Pasadena CA 91107-1409			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Elliot Davidoff		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address Center for Sight 1371 W Main Street		Transaction ID: A77G6W364799	
City Newark	State OH	Amount of Each Receipt this Period 365.00	
Zip Code 43055-3676		Batch Tool - PAC	
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		
B. Full Name (Last, First, Middle Initial) Daniel Day		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 8401 Golden Valley Road #330		Transaction ID: 7ONL5G893057	
City Golden Valley	State MN	Amount of Each Receipt this Period 500.00	
Zip Code 55427-4488		Batch Tool - PAC	
FEC ID number of contributing federal political committee. C			
Name of Employer Northwest Eye Clinic; PA	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) David DeRose		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 141 S Main Street		Transaction ID: 3TKFWE9LRV85M	
City Wilkes Barre	State PA	Amount of Each Receipt this Period 300.00	
Zip Code 18701-1607		PACWEB GENERATED CONTRIBU- TION	
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)

1165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William Deutsch

Mailing Address Suite 918

1725 West Harrison Street

City

Chicago

State

IL

Zip Code

60612-3863

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 2 / 2 0 0 6

Transaction ID: DOEVM3733956

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

B. David Diskin

Mailing Address Michigan Eye Institute

4499 Town Center Parkway

City

Flint

State

MI

Zip Code

48532

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 6 / 2 0 0 6

Transaction ID: 00150-63128298521042

Amount of Each Receipt this Period

91.25

PAC 4th of 4

Full Name (Last, First, Middle Initial)

C. Eric Dunn

Mailing Address 472 Ridge Lane

City

Mays Landing

State

NJ

Zip Code

08330-1653

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 8 / 2 0 0 6

Transaction ID: 93000-53832644224167

Amount of Each Receipt this Period

91.25

PAC 4th of 4

SUBTOTAL of Receipts This Page (optional)

682.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Dion Ehrlich		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6 Transaction ID: 19DNEZRRSOQI02 Amount of Each Receipt this Period 500.00 PACWEB GENERATED CONTRIBU- TION
Mailing Address Suite 103 7500 Central Avenue City Philadelphia State PA Zip Code 19111-2431 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Matthew Farber		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6 Transaction ID: 1Q496A200859 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
Mailing Address Suite 300 7900 W Jefferson Boulevard City Fort Wayne State IN Zip Code 46804-4128 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		
C. Full Name (Last, First, Middle Initial) Robert Fechtner		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6 Transaction ID: DOEVM3830787 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
Mailing Address Suite 6100 90 Bergen Street City Newark State NJ Zip Code 07103-2425 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 465.00		

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) James Felch Mailing Address 117 Abbotsford Drive City State Zip Code Nashville TN 37215-2439 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6 Transaction ID: 93000-15909975767135 Amount of Each Receipt this Period 125.00 PAC 4th of 4
B. Full Name (Last, First, Middle Initial) Macie Finkelstein Mailing Address 1371 Beacon Street City State Zip Code Brookline MA 02446-4905 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6 Transaction ID: 6NJ20B982903 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Samuel Friedel Mailing Address Maryland General Hospital 827 Linden Avenue City State Zip Code Baltimore MD 21201-4606 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6 Transaction ID: A5YT0W683004 Amount of Each Receipt this Period 365.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

855.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 68

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Steve Friedlander

Mailing Address Nevada Retina Assoc
610 Sierra Rose Drive

City State Zip Code
Reno NV 89511

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 93000-75114077329636

Amount of Each Receipt this Period

125.00

PAC 4th of 4

B. Full Name (Last, First, Middle Initial)

Thomas Gardner

Mailing Address Penn State Univ Med Sch/Ophth
PO Box 850

City State Zip Code
Hershey PA 17033

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 6

Transaction ID: 93000-67251223325730

Amount of Each Receipt this Period

125.00

PAC 4th of 4

C. Full Name (Last, First, Middle Initial)

Tanya Ghosh

Mailing Address 493 Santa Barbara Drive

City State Zip Code
Los Altos CA 94022-3810

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 6

Transaction ID: A5YT0W968544

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Gregory Gibb Mailing Address 2840 O'Neil Lane City State Zip Code Eureka CA 95503-4870 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6 Transaction ID: 6K4G4A914492 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) James Gills Mailing Address PO Box 5000 43309 US Highway 19 North City State Zip Code Tarpon Springs FL 34688-5000 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6 Transaction ID: 00150-04218691587448 Amount of Each Receipt this Period 250.00 PAC 2nd of 4
C. Full Name (Last, First, Middle Initial) James Gills Mailing Address PO Box 5000 43309 US Highway 19 North City State Zip Code Tarpon Springs FL 34688-5000 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 6 / 2 0 0 6 Transaction ID: 00150-43430727720261 Amount of Each Receipt this Period 250.00 PAC 3rd of 4

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Robert Gold			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address Eye Physicians of Central Floor 225 W State Road 434 Suite 111			Transaction ID: 30DZ4O721441	
City Longwood State FL Zip Code 32750			Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 730.00		
B. Full Name (Last, First, Middle Initial) Robert Gold			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 6	
Mailing Address Eye Physicians of Central Floor 225 W State Road 434 Suite 111			Transaction ID: 1PWLQ0467733	
City Longwood State FL Zip Code 32750			Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC refunded 1.5.07 duplica	
Name of Employer self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 730.00		
C. Full Name (Last, First, Middle Initial) Lynn Gordon			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address 100 Stein Plaza			Transaction ID: 93000-80216616392136	
City Los Angeles State CA Zip Code 90095-7065			Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C			PAC 4th of 4	
Name of Employer self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional)

821.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) David Gossage Mailing Address 50 W Carleton Road City Hillsdale State MI Zip Code 49242-1202 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 11 / 28 / 2006 Transaction ID: 6NJ20B613553 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Cono Grasso Mailing Address 16110 Union Turnpike City Flushing State NY Zip Code 11366-1934 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 11 / 28 / 2006 Transaction ID: 6NJ20B235512 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Joseph Greco Mailing Address Unit 706 11 Church Street City Salem State MA Zip Code 01970-3764 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt MM / DD / YYYY 12 / 05 / 2006 Transaction ID: DPNG8Y738177 Amount of Each Receipt this Period 250.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Robert Green			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 31 Kinglet Circle			Transaction ID: 93000-15169924497604	
City Greensboro State NC Zip Code 27455-1362			Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C			PAC 4th of 4	
Name of Employer self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		
B. Full Name (Last, First, Middle Initial) Erich Bryan Groos			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address Cornea Consultants of Nashville 2011 Murphy Avenue Suite 602			Transaction ID: 14918-52672976255417	
City Nashville State TN Zip Code 37203			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			PAC 2nd of 4	
Name of Employer self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00		
C. Full Name (Last, First, Middle Initial) Erich Bryan Groos			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address Cornea Consultants of Nashville 2011 Murphy Avenue Suite 602			Transaction ID: 00150-68273562192917	
City Nashville State TN Zip Code 37203			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			PAC 3rd of 4	
Name of Employer self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00		

SUBTOTAL of Receipts This Page (optional)

591.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Donald Hall Mailing Address 3303 Indiana Avenue City Vicksburg State MS Zip Code 39180-4540 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 12 / 14 / 2006 Transaction ID: 30DZ4O881448 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Cynthia Hampton Mailing Address Suite 204 451 Ruin Creek Road City Henderson State NC Zip Code 27536-5920 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt MM / DD / YYYY 12 / 18 / 2006 Transaction ID: 00150-47469729185104 Amount of Each Receipt this Period 125.00 PAC 2nd of 4
C. Full Name (Last, First, Middle Initial) Mark Hatton Mailing Address Ophthalmic Consultants of Boston 50 Stanford Street City Boston State MA Zip Code 02114 FEC ID number of contributing federal political committee. C Name of Employer Ophthalmic Consultants of Boston Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 273.75		Date of Receipt MM / DD / YYYY 12 / 02 / 2006 Transaction ID: 93000-44991701841354 Amount of Each Receipt this Period 91.25 PAC 3rd of 4

SUBTOTAL of Receipts This Page (optional)

466.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Herlihy

Mailing Address 4560 S Glenview Place

City State Zip Code
 Rapid City SD 57702-6804

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 6

Transaction ID: A77G6W551247

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

B. Ronald Glenn Herrington

Mailing Address Suite 403
 1190 N State Street

City State Zip Code
 Jackson MS 39202-2413

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 5 / 2 0 0 6

Transaction ID: DPNG8Y414532

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

C. Mark Hughes

Mailing Address Suite 600
 50 Staniford Street

City State Zip Code
 Boston MA 02114-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ophthalmic Consultants of
Boston

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4062.50

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 6 / 2 0 0 6

Transaction ID: 3PZXP4TRTTM52

Amount of Each Receipt this Period

312.50

PACWEB GENERATED CONTRIBU-
TION

SUBTOTAL of Receipts This Page (optional)

1177.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 68

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) W Jackson Iliff Mailing Address Suite 7 4 W Rolling Crossroads City Catonsville State MD Zip Code 21228-6278 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 7 / 2 0 0 6 Transaction ID: 00150-91624087095261 Amount of Each Receipt this Period 125.00 PAC 3rd of 4
B. Full Name (Last, First, Middle Initial) Edward Isbey Mailing Address Asheville Eye Associates 8 Medical Park Drive City Asheville State NC Zip Code 28803-2493 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 6 Transaction ID: 93000-42033022642136 Amount of Each Receipt this Period 125.00 PAC 3rd of 4
C. Full Name (Last, First, Middle Initial) Robert Janigian Mailing Address 158 Meshanticut Valley Parkway City Cranston State RI Zip Code 02920-3964 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6 Transaction ID: 14918-78562563657761 Amount of Each Receipt this Period 125.00 PAC 4th of 4

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 68

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Joseph Kavanagh

Mailing Address Eye Associates of Sequin

128 S Moss Street Suite 300

City

State

Zip Code

Sequin

TX

78155-5127

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: 6NJ20B455541

Amount of Each Receipt this Period

400.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Michael Kay

Mailing Address Suite L30

601 Walnut Street

City

State

Zip Code

Philadelphia

PA

19106-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 6

Transaction ID: A5YT0W473989

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Tae Kim

Mailing Address Suite 202

11829 South Street

City

State

Zip Code

Cerritos

CA

90703-6828

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 6

Transaction ID: 30DZ4O286337

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 68

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Douglas Kopp		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address Suite 10 2222 W 24th Street		Transaction ID: 1H1Q496EB1HE3F	
City State Zip Code Plainview TX 79072-1802		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		PACWEB GENERATED CONTRIBU- TION	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
B. Full Name (Last, First, Middle Initial) Alexandra Kostick		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 1 / 2 0 0 6	
Mailing Address Suite 104 3 Pine Cone Drive		Transaction ID: 93000-16186159849167	
City State Zip Code Palm Coast FL 32137-8684		Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C		PAC 2nd of 4	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 547.50	
C. Full Name (Last, First, Middle Initial) Bernd Kutzscher		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 7 / 2 0 0 6	
Mailing Address 172 32nd Avenue		Transaction ID: 00150-74462527036667	
City State Zip Code San Francisco CA 94121-1012		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		PAC 2nd of 4	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)

716.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 68

(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Raymond Larsen Mailing Address 916 Fifth Avenue Northeast City State Zip Code Jamestown ND 58401-3437 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 6 Transaction ID: DPNG8Y788213 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Bruce Larson Mailing Address 126 West First Street City State Zip Code Hinsdale IL 60521-4013 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6 Transaction ID: DOEVKJ358824 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Mark Latina Mailing Address Reading Hlth Center 20 Pond Meadow Drive Suite 203 City State Zip Code Reading MA 01867 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 564.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6 Transaction ID: DOEVKJ400464 Amount of Each Receipt this Period 365.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) James Lee Mailing Address 52 Crest Avenue City Winthrop State MA Zip Code 02152-1064 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 6 Transaction ID: 1PWLQ0724445 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Jay Leemaster Mailing Address Suite 101 520 S Telephone Road City Oklahoma City State OK Zip Code 73160-5424 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6 Transaction ID: A77G6W362360 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) John Leenhouts Mailing Address Suite #204 1310 Wisconsin City Grand Haven State MI Zip Code 49417-2472 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 00150-70983523130417 Amount of Each Receipt this Period 125.00 PAC 4th of 4

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 68

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Mark Lindsay Mailing Address 2725 E 29th Street City State Zip Code Bryan TX 77802-2504 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 6 Transaction ID: 1PWLQ0117763 Amount of Each Receipt this Period 25.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Richard Lindstrom Mailing Address Suite 106 710 E 24th Street City State Zip Code Minneapolis MN 55404-3810 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 6 Transaction ID: DPNG8Y387488 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) David Loewy Mailing Address 407 Avenue K Southeast City State Zip Code Winter Haven FL 33880-4126 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 Transaction ID: 7ONL5G561650 Amount of Each Receipt this Period 365.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1390.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 68

(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Ronald Lowery Mailing Address #10 Hospital Circle City State Zip Code Batesville AR 72501-7310 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6 Transaction ID: DOEVM3271671 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Matthew Paul Madion Mailing Address 929 Business Park Drive City State Zip Code Traverse City MI 49686-8683 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6 Transaction ID: DNEZQI092534 Amount of Each Receipt this Period 200.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Louis Maisel Mailing Address Suite 102 20 Squadron Boulevard City State Zip Code New City NY 10956-5232 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 615.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6 Transaction ID: A77G6W328143 Amount of Each Receipt this Period 250.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 68

(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Timothy Malone Mailing Address 731-F Walker Road City State Zip Code Great Falls VA 22066-2834 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6 Transaction ID: A77G6W176552 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) David Markoff Mailing Address Mountain Eye Associates 486 Hospital Drive City State Zip Code Clyde NC 28721 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6 Transaction ID: A5YT0W141435 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Tyrone McCall Mailing Address Suite 600 7150 Greenville Avenue City State Zip Code Dallas TX 75231-5187 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6 Transaction ID: A77G6W755035 Amount of Each Receipt this Period 250.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

C McCarty

Mailing Address Suite 1015

1901 Medi Park Drive

City

Amarillo

State

TX

Zip Code

79106-2167

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 6

Transaction ID: 31KG6H570332

Amount of Each Receipt this Period

100.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

J Patrick McGraw

Mailing Address 10 Wildwood Lane

City

Mountain Top

State

PA

Zip Code

18707-9664

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 6

Transaction ID: 1HEQK30DT9G812

Amount of Each Receipt this Period

1000.00

PACWEB GENERATED CONTRIBU-
TION

C.

Full Name (Last, First, Middle Initial)

Timothy McInnis

Mailing Address Medical Eye Specialists Pc

300 N Willson Avenue Suite 1003

City

Bozeman

State

MT

Zip Code

59715

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 6

Transaction ID: KK44T6108O5P02

Amount of Each Receipt this Period

500.00

PACWEB GENERATED CONTRIBU-
TION

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Priscilla Metcalf		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6
Mailing Address 2100 Regional Med Drive		Transaction ID: 93000-92213076353074
City Wharton	State TX	Zip Code 77488-9719
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer self	Occupation Ophthalmologist	PAC 4th of 4
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Harvey Minatoya		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address Minatoya Eye Clinic 1003 Pensacola Street		Transaction ID: 6K4G4A748777
City Honolulu	State HI	Zip Code 96814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	

C. Full Name (Last, First, Middle Initial) Amalia Miranda		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 3435 Northwest 56th Street Building A # 1010		Transaction ID: 14918-04092043638229
City Oklahoma City	State OK	Zip Code 73112-4448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer self	Occupation Ophthalmologist	PAC 4th of 4
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Michael George Morgan

Mailing Address 1617 Steele Boulevard

City State Zip Code
 Baton Rouge LA 70808-1192

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 9 / 2 0 0 6

Transaction ID: 1PWLQ0368343

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Nancy Able Morrison

Mailing Address 11345 Penbrooke Square; Suite 105

City State Zip Code
 Waldorf MD 20603-4804

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 6

Transaction ID: A77G6W388219

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Marlene Moster

Mailing Address Suite 104
 40 Monument Road

City State Zip Code
 Bala Cynwyd PA 19004-1735

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 9 / 2 0 0 6

Transaction ID: 1PWLQ0184101

Amount of Each Receipt this Period

200.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) C Blake Myers Mailing Address 601 Halton Road City Greenville State SC Zip Code 29607-3403 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6 Transaction ID: 1V5UAU0BE77AP Amount of Each Receipt this Period 250.00 PACWEB GENERATED CONTRIBU- TION
B. Full Name (Last, First, Middle Initial) Philip Nelsen Mailing Address Retina Consultants Suite E Jobst Tower/2109 Hughes Drive City Toledo State OH Zip Code 43606-5141 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 6 Transaction ID: 92993-25814455747604 Amount of Each Receipt this Period 125.00 PAC 2nd of 4
C. Full Name (Last, First, Middle Initial) Christopher Newton Mailing Address Nh Eye Associates 1415 Elm Street City Manchester State NH Zip Code 03101 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6 Transaction ID: A5YT0W765824 Amount of Each Receipt this Period 365.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

740.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 68

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Karen Nixon Mailing Address N5390 Rancho Viejo Road City State Zip Code Fond Du Lac WI 54935-9373 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6 Transaction ID: A5YT0W813736 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) David Orth Mailing Address Suite 400 71 W 156th Street City State Zip Code Harvey IL 60426-4265 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 273.75			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 6 Transaction ID: 82651-05816286802291 Amount of Each Receipt this Period 91.25 PAC 3rd of 4
C. Full Name (Last, First, Middle Initial) John Panton Mailing Address 7740 North Avenue City State Zip Code Elmwood Park IL 60707-4124 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 6 Transaction ID: DPNG8Y526786 Amount of Each Receipt this Period 900.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1991.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 68

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

John Peters

Mailing Address 7802 Davenport Street

City State Zip Code
 Omaha NE 68114-3629

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.25

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 8 / 2 0 0 6

Transaction ID: DNEZNH687427

Amount of Each Receipt this Period

91.25

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Walter Petersen

Mailing Address 600 Broadway

City State Zip Code
 Seattle WA 98122-5395

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 4 / 2 0 0 6

Transaction ID: 30DZ4O533555

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Thomas Pheasant

Mailing Address Renssylvania Retina Specialists Pc
 220 Grandview Avenue

City State Zip Code
 Camp Hill PA 17011-1740

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 4 / 2 0 0 6

Transaction ID: A5YT0W596305

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1341.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 68

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) C Downey Price			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address Conroe Eye Clinic 333 N Rivershire Drive Suite 160			Transaction ID: A77G6W458889	
City Conroe State TX Zip Code 77304-2711			Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 515.00		
B. Full Name (Last, First, Middle Initial) Edward Raab			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address Department Opth Mount Sinai Med C 1 Gustave L Levy Place Box 1183			Transaction ID: A5YT0W169870	
City New York State NY Zip Code 10029-0312			Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Michael Redmond			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 6	
Mailing Address 8333 North Davis Highway			Transaction ID: C1B71MEXE4G812	
City Pensacola State FL Zip Code 32514-6050			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			PACWEB GENERATED CONTRIBU- TION	
Name of Employer self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Kristin Reidy Mailing Address 2947 Rodeo Park Dr. E City State Zip Code Santa Fe NM 87505-6303 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 740.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 7 / 2 0 0 6 Transaction ID: 00150-51060122251511 Amount of Each Receipt this Period 125.00 PAC 3rd of 4
B. Full Name (Last, First, Middle Initial) H Miller Richert Mailing Address 1750 Pine Street City State Zip Code Abilene TX 79601-3044 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6 Transaction ID: DOEVM3558881 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Alexander Glen Rico Mailing Address 2200 Northwest Myhre City State Zip Code Silverdale WA 98383-7681 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6 Transaction ID: A77G6W865884 Amount of Each Receipt this Period 365.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

William Rosenberger

Mailing Address 408 S Sycamore Street

City State Zip Code
Petersburg VA 23803-5043

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: DOEVM3815076

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

David Rothberg

Mailing Address 3820 Tampa Road
Suite 101

City State Zip Code
Palm Harbor FL 34684-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer
David Rothberg; MD PA

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 3TKKNW9HQV851

Amount of Each Receipt this Period

500.00

PACWEB GENERATED CONTRIBU-
TION

C. Full Name (Last, First, Middle Initial)

Gary Rubin

Mailing Address 7001 W Archer Avenue

City State Zip Code
Chicago IL 60638-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: DNEZNH869347

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Mark Ruchman Mailing Address 43 Ferry Bridge Road City Washington State CT Zip Code 06793-1405 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 6 Transaction ID: 00150-83012026548386 Amount of Each Receipt this Period 91.25 PAC 4th of 4
B. Full Name (Last, First, Middle Initial) John Salisbury Mailing Address 700 West Kent City Missoula State MT Zip Code 59801-6772 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 6 Transaction ID: 82651-44622439146042 Amount of Each Receipt this Period 250.00 PAC 1st of 4
C. Full Name (Last, First, Middle Initial) John Salisbury Mailing Address 700 West Kent City Missoula State MT Zip Code 59801-6772 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6 Transaction ID: 1Q496A814151 Amount of Each Receipt this Period 250.00 PAC 2nd of 4
SUBTOTAL of Receipts This Page (optional) ▶		591.25
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Ralph Sando Mailing Address 104 Rose Lane City Haverford State PA Zip Code 19041-1604 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 1 / 2 0 0 6 Transaction ID: 93000-46661013364792 Amount of Each Receipt this Period 250.00 PAC 2nd of 4
B. Full Name (Last, First, Middle Initial) Delia Sang Mailing Address 73 Chatham Street City Brookline State MA Zip Code 02446-5451 FEC ID number of contributing federal political committee. C Name of Employer Ophthalmic Consultants of Boston Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4062.50		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 6 / 2 0 0 6 Transaction ID: 3PZY8XJWTTM58 Amount of Each Receipt this Period 312.50 PACWEB GENERATED CONTRIBU- TION
C. Full Name (Last, First, Middle Initial) David Schlessinger Mailing Address 350 Muttontown Road City Muttontown State NY Zip Code 11791-2315 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6 Transaction ID: 1Q496A144970 Amount of Each Receipt this Period 365.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

927.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Todd Andrew Scott

Mailing Address 1240 Colonial Commons Court

City State Zip Code
Lancaster SC 29720-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: 21ALFYKL3KQET

Amount of Each Receipt this Period

1000.00

PACWEB GENERATED CONTRIBU-
TION

Full Name (Last, First, Middle Initial)

B. Richard Shugarman

Mailing Address Apt. 1001
400 N Flagler Drive

City State Zip Code
West Palm Beach FL 33401-4302

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: DNEZNH716398

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

C. Peter Christian Smith

Mailing Address Clearwater Eye and Laser Center
610 Lakeview Road

City State Zip Code
Clearwater FL 33756-3336

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 6

Transaction ID: A5YT0W194324

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Stephen Solomon

Mailing Address 14999 Health Center Drive Suite 10

City State Zip Code
 Bowie MD 20716-1079

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 9 / 2 0 0 6

Transaction ID: A77G6W332185

Amount of Each Receipt this Period

100.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Jay Bennett Stallman

Mailing Address Georgia Retina Pc
 465 Winn Way Suite 100

City State Zip Code
 Decatur GA 30030-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 5 / 2 0 0 6

Transaction ID: DPNG8Y304148

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Jay Bennett Stallman

Mailing Address Georgia Retina Pc
 465 Winn Way Suite 100

City State Zip Code
 Decatur GA 30030-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 1Q496A874704

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

830.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Robert Stamper

Mailing Address Ucsf Department Ophthalmology
10 Koret Way Room K-301

City State Zip Code
San Francisco CA 94143-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: DOEV99711793

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Rhoads Stevens

Mailing Address Queens Physician Office Building I
1329 Lusitana Street Suite 209

City State Zip Code
Honolulu HI 96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 6K4G4A235953

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Jonathan Stock

Mailing Address 703 14th Street

City State Zip Code
Baraboo WI 53913-1538

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 6

Transaction ID: 31KG6H681500

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Drew Stoken Mailing Address 338 Alexander Spring Road City Carlisle State PA Zip Code 17015-9129 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6 Transaction ID: 00150-41767519712448 Amount of Each Receipt this Period 125.00 PAC 3rd of 4
B. Full Name (Last, First, Middle Initial) Carl Stout Mailing Address 4741 S Cochise Drive City Independence State MO Zip Code 64055-6974 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6 Transaction ID: 14918-26554507017135 Amount of Each Receipt this Period 91.25 PAC 3rd of 4
C. Full Name (Last, First, Middle Initial) Carl Stout Mailing Address 4741 S Cochise Drive City Independence State MO Zip Code 64055-6974 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 6 Transaction ID: 00150-48081606626511 Amount of Each Receipt this Period 91.25 PAC 4th of 4

SUBTOTAL of Receipts This Page (optional)

307.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Scott Strelow

Mailing Address 5770 Club Lane

City

Roanoke

State

VA

Zip Code

24018-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 6

Transaction ID: 30DZ4O607615

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Shigemi Sugiki

Mailing Address 1380 Lusitana Street Suite 714

City

Honolulu

State

HI

Zip Code

96813-2443

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: DOEVKJ411074

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Anne Summers

Mailing Address 2nd Floor West Wing
1200 E Ridgewood Avenue

City

Ridgewood

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: 6NJ20B314723

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Maurice Syrquin

Mailing Address 3414 Oak Grove Avenue

City State Zip Code
 Dallas TX 75204-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 9 / 2 0 0 6

Transaction ID: A77G6W431718

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Victor Thomas

Mailing Address Suite 111
 225 W State Road 434

City State Zip Code
 Longwood FL 32750-4980

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 8 / 2 0 0 6

Transaction ID: DNEZNH364386

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Lawrence Ulanski

Mailing Address 16903 Sandstone Circle

City State Zip Code
 Macomb MI 48042-1126

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 2 / 2 0 0 6

Transaction ID: DOEVM3234125

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Arnoldo Villarreal Mailing Address Suite 204 1521 South Staples City State Zip Code Corpus Christi TX 78404-3157 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 6 Transaction ID: 00150-47651308774948 Amount of Each Receipt this Period 125.00 PAC 4th of 4
B. Full Name (Last, First, Middle Initial) Mark Volpicelli Mailing Address 1174 Castro Street Suite 100 City State Zip Code Mountain View CA 94040-2572 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 273.75		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 6 Transaction ID: 00150-95661562681199 Amount of Each Receipt this Period 91.25 PAC 3rd of 4
C. Full Name (Last, First, Middle Initial) Bruce Weinberger Mailing Address 700 Quail Creek Drive City State Zip Code Amarillo TX 79124-1607 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6 Transaction ID: DNEZNH737887 Amount of Each Receipt this Period 300.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

516.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Gary Weiner		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 18 Crestview Drive		Transaction ID: DNEZQI480748
City Salina	State KS	Zip Code 67401-3586
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Joseph Weinstein		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 4212 Hempstead Turnpike		Transaction ID: 1PWLQ0351958
City Bethpage	State NY	Zip Code 11714-5701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C. Full Name (Last, First, Middle Initial) Peter Whitted		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address Midwest Eye Care 4353 Dodge Street		Transaction ID: 6NJ20B793238
City Omaha	State NE	Zip Code 68131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Juliann Williams Mailing Address 12100 Southeast Stevens Court Suit City State Zip Code Portland OR 97086-4707 FEC ID number of contributing federal political committee. C Name of Employer Northwest Permanente Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 6 Transaction ID: HEB87QBJ20GT02 Amount of Each Receipt this Period 300.00 PACWEB GENERATED CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Arthur Willis Mailing Address Suite 200 2727 Gramercy Street City State Zip Code Houston TX 77025-1716 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 Transaction ID: 31KG6H673619 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) James J Wong Mailing Address 102 East Avenue City State Zip Code Norwalk CT 06851-5010 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 Transaction ID: 31KG6H494764 Amount of Each Receipt this Period 500.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Gerald Zaidman		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address Westchester Med Center Macy Pavilion Room 1100		Transaction ID: A5YT0W775863	
City Valhalla	State NY	Zip Code 10595	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Carol Ziel		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address McKinley and Ziel Ophthalmology 2025 Frontis Plaza Boulevard Suite		Transaction ID: 31KG6H159283	
City Winston Salem	State NC	Zip Code 27103	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 855.00		
C. Full Name (Last, First, Middle Initial) Kent Zocchi		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 27 Montebello Road		Transaction ID: 6NJ20B248227	
City Pueblo	State CO	Zip Code 81001-1236	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

54833.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 68

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Union Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 400 California Street		Transaction ID: 1581180612066009258	
City San Francisco	State CA	Zip Code 94104	Amount of Each Receipt this Period 55.53
FEC ID number of contributing federal political committee. C		MM interest 11/06	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 672.59		
B. Full Name (Last, First, Middle Initial) Union Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 400 California Street		Transaction ID: 9256660701263599984	
City San Francisco	State CA	Zip Code 94104	Amount of Each Receipt this Period 53.71
FEC ID number of contributing federal political committee. C		MM interest 12/06	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 672.59		

SUBTOTAL of Receipts This Page (optional)

109.24

TOTAL This Period (last page this line number only)

109.24

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 / 68

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Union Bank

Mailing Address 400 California Street

City
San Francisco

State
CA

Zip Code
94104

Purpose of Disbursement
Bank charges 11/06

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 6521800612066013267

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1846.50

Full Name (Last, First, Middle Initial)

B. Union Bank

Mailing Address 400 California Street

City
San Francisco

State
CA

Zip Code
94104

Purpose of Disbursement
Bank charges 12/06

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 5113110701263607080

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1914.83

SUBTOTAL of Disbursements This Page (optional)

3761.33

TOTAL This Period (last page this line number only)

3761.33

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 / 68

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Bilirakis for Congress

Mailing Address 610 South Boulevard

City
Tampa

State
FL

Zip Code
33606

Purpose of Disbursement
2006 General

Candidate Name
Bilirakis Gus

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 09

Transaction ID: 4887350701193790112

Date of Disbursement

12 / 31 / 2006

Amount of Each Disbursement this Period

-2500.00

Check Voided

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Vito Fossella

Mailing Address PO Box 120197
PO Box 060248

City
Staten Island

State
NY

Zip Code
10312

Purpose of Disbursement
2006 Debt Retirement (General Election)

Candidate Name
Fossella Vito

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: 8356090612123409566

Date of Disbursement

12 / 12 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Byron Dorgan

Mailing Address PO Box 871

City
Bismarck

State
ND

Zip Code
58502

Purpose of Disbursement
2010 Primary

Candidate Name
Dorgan Byron

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District: 00

Transaction ID: 5302950612043306968

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 / 68

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Friends of Charlie Wilson

Mailing Address 7 Cadiz Pike

City
Bridgeport

State
OH

Zip Code
43912

Purpose of Disbursement
2006 Debt Retirement (General Election)

Candidate Name
Wilson Charles

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 06

Transaction ID: 2108770612043322681

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Sherrod Brown

Mailing Address 2280 Kresge Drive
Suite 800

City
Amherst

State
OH

Zip Code
44001

Purpose of Disbursement
2006 Debt Retirement (General Election)

Candidate Name
Brown Sherrod

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 00

Transaction ID: 0659900612043311826

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Gingrey for Congress

Mailing Address PO Box U

City
Marietta

State
GA

Zip Code
30060

Purpose of Disbursement
2006 Debt Retirement

Candidate Name
Gingrey John

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: 0513660701193227318

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2006

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)

11500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 61 / 68

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Gingrey for Congress

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement
void ck reported on 12/12/06

Candidate Name
Gingrey John

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: 2304040612123413517

Date of Disbursement

12 / 13 / 2006

Amount of Each Disbursement this Period

-4000.00

Check Voided

Full Name (Last, First, Middle Initial)

B. Glacier Pac

Mailing Address 818 Connecticut Ave. NW #1009
Suite 1009

City Washington State DC Zip Code 20006

Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 0223810612043317196

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Hawkeye Pac, the

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 7739110701193735121

Date of Disbursement

12 / 31 / 2006

Amount of Each Disbursement this Period

-1000.00

Check Voided

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 62 / 68

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. McCaskill for Missouri

Mailing Address PO Box 6771

City State Zip Code
St. Louis MO 63144

Purpose of Disbursement
2006 Debt Retirement (General Election)

Candidate Name
McCaskill Claire

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 00

Transaction ID: 0973890612043320418

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Montanans for Tester

Mailing Address PO Box 1135

City State Zip Code
Helena MT 59624

Purpose of Disbursement
2006 Debt Retirement (General Election)

Candidate Name
Tester Jon

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 00

Transaction ID: 1225790612043314740

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Nathan Deal for Congress

Mailing Address PO Box 902

City State Zip Code
Gainesville GA 30503

Purpose of Disbursement
2006 Primary

Candidate Name
Deal Nathan

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 09

Transaction ID: 2703450701193667245

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-2500.00

Check Voided

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 / 68

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. People for English

Mailing Address PO Box 1940

City Erie State PA Zip Code 16507

Purpose of Disbursement
2006 Debt Retirement (General Election)

Candidate Name
English Phil

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 03

Transaction ID: 7710940612194909432

Date of Disbursement

12 / 19 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Republican National Committee

Mailing Address 310 First Street Southeast

City Washington State DC Zip Code 20003

Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 4071360701193752610

Date of Disbursement

12 / 31 / 2006

Amount of Each Disbursement this Period

-5000.00

Check Voided

Full Name (Last, First, Middle Initial)

C. Talent for Senate Committee

Mailing Address 9467 Dielman Rock Island Ind Drive

City St. Louis State MO Zip Code 63132

Purpose of Disbursement
2006 Primary

Candidate Name
Talent James

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 00

Transaction ID: 1780150701193713420

Date of Disbursement

12 / 31 / 2006

Amount of Each Disbursement this Period

-2000.00

Check Voided

SUBTOTAL of Disbursements This Page (optional)

-4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 64 / 68

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wally Herger for Congress Committee

Mailing Address PO Box 1500

City
Chico

State
CA

Zip Code
95927

Purpose of Disbursement
2006 General

Candidate Name
Herger Wally

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 02

Transaction ID: 4664690701193779070

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1000.00

Check Voided

SUBTOTAL of Disbursements This Page (optional)

-1000.00

TOTAL This Period (last page this line number only)

13500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 65 / 68

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Alan Solinsky

Mailing Address Solinsky Eyecare Llc
1013 Farmington Avenue

City West Hartford State CT Zip Code 06107

Purpose of Disbursement
Duplicate Form Processed

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 47256-30680483579635

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2006

Amount of Each Disbursement this Period

365.00

SUBTOTAL of Disbursements This Page (optional)

365.00

TOTAL This Period (last page this line number only)

365.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 66 / 68

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Sandler Innocenzi

 Nature of Debt (Purpose):
 Radio Ads supporting John
 Sullivan

Mailing Address 705 Prince St

 City State ZIP Code
 Alexandria VA 22314

Outstanding Balance Beginning This Period

3330.00

Transaction ID: 2217840410194257

Amount Incurred This Period

0.00

Payment This Period

3330.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

0.00

2) **TOTALS** This Period (last page this line number only)..... ▶

0.00

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 67 / 68

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00196246 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Transaction ID: V5036280612115718891	

Full Name (Last, First, Middle, Initial) of Payee Sandler Innocenzi		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D 1 2</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 6</div> </div>	
Mailing Address 705 Prince St.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">80.00</div>	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure Radio Ads		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: John Sullivan			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">80.00</div>	

Full Name (Last, First, Middle, Initial) of Payee Sandler Innocenzi		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D 1 2</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 6</div> </div>	
Mailing Address 705 Prince St.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3250.00</div>	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure Radio ads		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: John Sullivan			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">3250.00</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">3330.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">0.00</div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">3330.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Benjamin Bank

 Signature

Date

M
0 1

D
2 6

Y
2 0 0 7

Form/Schedule: **F3XN**

Transaction ID:

Transactions reported on Schedule E are additional expenses for a 10/20/06 Independent Expenditure for John Sullivan. These additional expenses, totalling \$3330, were not included in the 24 hour notice that we filed for John Sullivan's IE. On 12/7/06 we filed a Form 99 noting that we were unaware of these additional expenses and that we were going to report them as debt in our Post-General Report. The debt has been paid off in this YE Report.